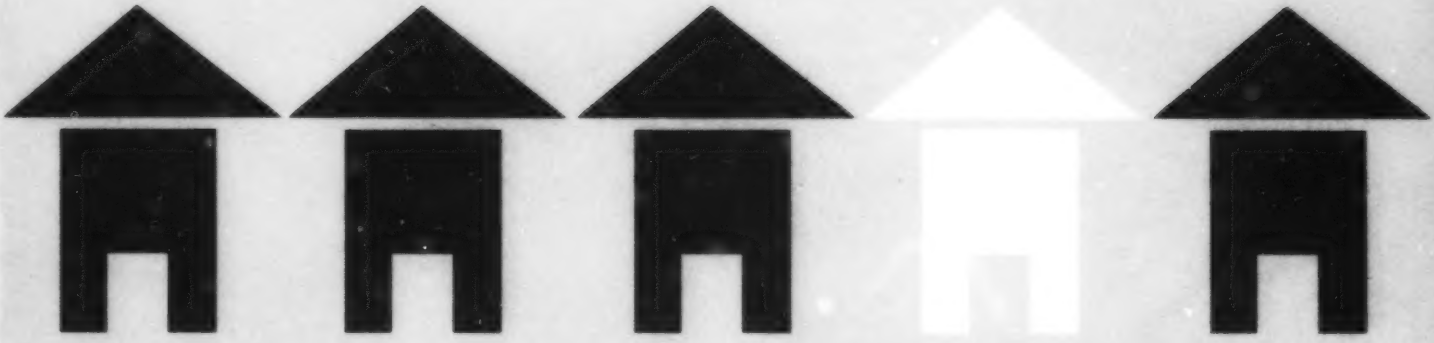
Self Managed Care Pilot Project



Home Care/Community Long Term Care Branch

Alberta HEALTH

92-07395/

SELF MANAGED CARE PILOT PROJECT DESIGN

Home Care/Community Long Term Care Branch

Alberta Health

March, 1992

TABLE OF CONTENTS

A. INTRODUCTION 1
1. Policy Context for the Self Managed Care Pilot Project 2
2. Previous Experience Related to the Self Managed Care Pilot Project 2

B. OBJECTIVES AND OPERATING PRINCIPLES 3

C. PROGRAM OPERATION 3
1. Assessment 3
2. Client Eligibility for Home Care 3
3. Client Eligibility for Self Managed Care Pilot Project 4
4. Developing the Agreement 5
5. Training 5
6. Surplus Retention 5
7. Financial Accountability 5
8. Quality of Service Accountability 6
9. Modification of the Agreement 6
10. Procedures for Withdrawal from Self Managed Care, or Suspension of the Agreement 6
11. Completion of the Pilot Project 6

D. POLICY AND OPERATIONAL ISSUES 7
1. Implementation of the Pilot Project 7
2. Rates to be Used in Calculating Payments to Clients 7
3. Maximum Funding under the Self Managed Care Pilot Project 7
4. Qualifications of Care Providers 7
5. Training 7
6. Legal Liability 8
7. Emergency Services 8

A. INTRODUCTION

The Alberta Home Care Program was established by the Government of Alberta in 1978 to provide a variety of health and support services to persons in need of assistance in order to maximize their independence. Individuals may be referred to the Home Care Program by a person or agency in the community, a physician, a health professional, or through self-referral. Once a referral is made, a Case Coordinator assesses and discusses service needs with the client and mobilizes the appropriate health and social resources to enable the client to live as independently as possible in the community. It is inherent in the Home Care philosophy that the responsibility of maintaining health lies initially with the individual, his/her personal support network and community resources, with Home Care providing the supplementary services necessary to ensure health and support service needs are being met.

Recent recommendations to Alberta Health from several consumer and stakeholder organizations have indicated support for the concept of self managed care (direct funding) as an option for home care clients, including:

- the Action Plan (Spring 1990) of the Premier's Council on the Status of Persons with Disabilities recommends that "Alberta Health examine the feasibility of an individualized service planning and funding model in which one option would be dollars going to the client", and

- the Premier's Commission on Future Health Care for Albertans (December 1989) recommends that "the concept of personalized direct payment to people with special need for support be applied to current and potential community based programs, so as to help reduce barriers and restrictions, while encouraging self reliance and dignity".

In January 1991, Alberta Health developed a proposal to test the feasibility of delivering services to clients through a self managed care delivery model. Basically, in this option, clients are provided with funds to purchase the support services that they require. The Minister of Health and Cabinet approved the Self Managed Care Pilot Project for implementation during the 1991/92 fiscal year. A Self Managed Care Project Advisory Committee was established in June 1991 to make recommendations on the framework for the implementation and evaluation of the pilot project (see Appendix 1).

The Self Managed Care Pilot Project is part of the existing Home Care Program and is designed to be an option for Home Care clients who wish to manage their support services, which include personal care (e.g. personal hygiene/bathing) and home management (e.g. routine house cleaning and laundry). Professional services, if required, will continue to be provided directly by local Home Care programs.

1. Policy Context for the Self Managed Care Pilot Project

This pilot is established in a context of policy and principles set out in "Caring and Responsibility - A Statement of Social Policy for Alberta", and in the Alberta Health Mission Statement and Operating Principles. These documents set out principles to guide the implementation of new programs, and stress that:

- Government policies and programs must promote and facilitate individual initiative and self-reliance, self-sufficiency and responsibility.

- Government policies must support the individual's ability to make choices and decisions.

The Self Managed Care Pilot Project demonstrates Alberta Health's philosophy of promoting individual initiative, self reliance and responsibility. The option respects the individual's right to make choices and decisions about his/her care. Many consumer and stakeholder organizations support the concept of Self Managed Care.

2. Previous Experience Related to the Self Managed Care Pilot Project

The pilot for Self Managed Care is being established in the context of the expansion of the Home Care Program. Alberta Health has developed initiatives to strengthen and improve community services available for persons with disabilities. These initiatives involve a significant expansion of the Home Care Program, as people under 65 years of age are now eligible for support services independent of their need for professional health services. The Alberta government is committed to developing an equitable and accessible service system for all Albertans. The Home Care Program, by virtue of its structure, province-wide availability and potential for delivering a wide variety of services, now assumes a primary role in providing services for persons with disabilities as well as for older Albertans.

The Self Managed Care Pilot Project has drawn on experience gained by other programs which incorporate some element of self managed care, including:

- the Polio Program and cooperative housing programs (Artspace and Abby Road) funded by Alberta Health, and

- the Tenant Support Program and Supports for Independence Program funded by Alberta Family and Social Services.

- the Manitoba pilot project for self managed care funded by the Manitoba Office of Continuing Care.

B. OBJECTIVES AND OPERATING PRINCIPLES

The objectives of the Self Managed Care Pilot Project are to:

- Provide Home Care clients with the opportunity to receive funds to manage their own support services.
- Increase the opportunity for Home Care clients who select the Self Managed Care Pilot Project to increase their control over their lives and enhance their personal dignity and wellbeing.
- Demonstrate the effectiveness (including both quality and cost) of Self Managed Care.

The principles and operational guidelines of the Self Managed Care Pilot Project are appended in Appendix 2.

C. PROGRAM OPERATION

The schematic diagram in Appendix 3 demonstrates the operational procedures and elements of the Self Managed Care Pilot Project. Self Managed Care has been designed to incorporate many procedures already in place in the Home Care Program.

1. Assessment

The potential self managed care client will be assessed by Home Care, as is done for anyone seeking Home Care. The client (and, where appropriate, their immediate personal support network) and the Case Coordinator discuss the service needs and identify the services which can be accessed through the community and natural support network. An agreement will then be reached regarding the level and type of services which will be provided by Home Care. These services may be professional services, and/or support services depending on the particular needs of the individual client.

2. Client Eligibility for Home Care

As set out in the Coordinated Home Care Regulation (AR 239/85), the client is accepted as a Home Care client when the manager is satisfied that:

- the person has been assessed as requiring a health care service or a support service;

- the person's home is suitable for the provision of a health care service or a support service;
- the Home Care Program is the most suitable method of providing the amount, level and type of any health care service or support service required by the person;
- the resources and the budget of the program are sufficient to meet the assessed needs of the person;
- the cost of providing any health care or support service to the person assessed as being required will not exceed $3000 per month;
- the person does not require the services of a health care professional 24 hours a day on a continuing basis; and
- the person is a resident of Alberta as defined in the Alberta Health Care Insurance Act.

Those Home Care clients who will have needs for Home Care services for a reasonable length of time (usually at least one year), and whose immediate professional care needs are being met will be eligible for support services (personal care and home management services) through the Self Managed Care Pilot Project. Examples of services to be considered as support services are listed in Appendix 4. The Case Coordinator would explain both the Self Managed Care Pilot Project and the direct service option of Home Care to the client, and the implications of choosing one or the other of these alternatives.

3. Client Eligibility for Self Managed Care Pilot Project

Those clients who indicate an interest in the Self Managed Care Pilot Project will be given an "Is Self Managed Care For Me" form. This form is intended to assist clients to decide whether they wish to pursue the Self Managed Care Pilot Project. The form covers:

- the skills and abilities that are required of a person choosing the option;
- the responsibilities and risks a client would be assuming if he/she chose this option; and
- the support or training identified as necessary for success on the option.

A draft form is attached in Appendix 5.

4. Developing the Agreement

If the client wishes to pursue the Self Managed Care Pilot Project, he/she and the Case Coordinator discuss the issues that have been identified in the "Is Self Managed Care For Me" form, and agree how the issues will be resolved.

The discussion provides the details of the Letter of Agreement that will be signed by the Health Unit and by the client. The Letter of Agreement sets out the terms and conditions of the pilot project. The draft Letter of Agreement is attached in Appendix 6.

The Letter of Agreement sets out the conditions under which the funds will be disbursed, the services for which funds are being provided, the allowed retention of unexpended funds (one month's funding on a yearly basis, plus retention of earned interest), etc. In the case of a client who is under 18 years of age, or who has a legal guardian, the guardian would sign the Letter of Agreement, and be accountable for finances and purchase of services.

5. Training

In the case where a client is interested, but requires training and skill development before the Self Managed Care option is feasible, the client will receive direct services from Home Care while seeking out the necessary training and experience.

6. Unexpended Funds

The client may retain any interest earned on funds received. In addition, he/she may retain a surplus to a maximum of the average month's funds in a one year period. Any unexpended funds which are retained must be used only for personal support services.

7. Financial Accountability

Once on the Self Managed Care Pilot Project, the client is accountable for both finances and services. Financial accountability will be ensured by the client maintaining:

- a separate bank account,
- cancelled cheques, and
- employment and financial records.

These must be available for periodic review and verification by the Health Unit. The Health Unit will review the financial records of a sample of clients each year, to ensure that the funds were spent for the purpose for which they were intended.

8. Quality of Service Accountability

This will be ensured using the same processes currently in place for the Home Care direct service option. The Case Coordinator establishes with the client how frequently there will be a review. This review will cover whether services are provided as assessed, whether the appropriate quality is being provided, how the client is coping, whether the levels of service determined continue to be appropriate, and whether the client's service needs have changed.

The client would also advise the Case Coordinator if service needs or his/her condition has changed. It is expected that clients will convey service problems to their care provider and seek a new provider, if necessary.

Quality of services provided will be judged by both the client and the Case Coordinator, with a bias toward the clients' evaluation, since their relationship with the care provider is an important element of the evaluation.

9. Modification of the Agreement

If the client's needs change (for example, because of changes in health status, or because of changes in the support network), then he/she and the Case Coordinator would review the situation, determine what changes are required, and amend the Letter of Agreement as appropriate.

10. Procedures for Withdrawal from Self Managed Care, or Suspension of the Agreement

The client may wish to withdraw from the Self Managed Care Pilot Project. This would require a period of notice to the Case Coordinator unless an emergency has arisen. If a return to the option is requested, the Home Care Case Coordinator will determine if it is reasonable for the client to return to the Self Managed Care Pilot Project. In very rare cases, the Case Coordinator would require the client to move from the Self Managed Care Pilot Project to the direct service option. This action would be taken when there is a misuse of funds, or other breach of the Letter of Agreement. In the case of a serious breach, the suspension would be immediate.

11. Completion of the Pilot Project

After the evaluation of the pilot project is completed, the decision will be made regarding modifications to the Self Managed Care Pilot Project. In any case, arrangements will be made to meet the service needs of clients on the pilot.

D. POLICY AND OPERATIONAL ISSUES

There are a variety of policy and operational issues which relate to the Self Managed Care Pilot Project. In addition to the operational procedures and elements of the program outlined above, the recommendations are:

1. Implementation of the Pilot Project

The pilot program will be implemented in four Health Units in Alberta; Calgary, Edmonton, Red Deer and South Peace. These pilot sites will provide a mix of urban and rural experience, and a mix of client age. The pilot is to be completed by March 1993. The number of clients participating in the pilot project will vary depending on the level of services required.

2. Rates to be Used in Calculating Payments to Clients

Rates paid for support services will be the average rate paid by the Home Care Program to a company or contract agency for support services in the particular Health Unit area. Administrative expenses are included in the rate.

3. Maximum Funding under the Self Managed Care Pilot Project

The Self Managed Care Pilot Project will have the same maximum funding as the direct service option, as regulated ($3,000 per month). The maximum is subject to the availability of funds and the extent of the demands on the Home Care services in any particular Health Unit.

4. Qualifications of Care Providers

The Pilot Project will not include a definition of required qualifications, or accreditation for care providers. This policy recognizes the value of self managers having the ability to train their staff to deliver the necessary care in an appropriate manner.

5. Training

The client and the Health Unit will be provided with orientation material which describes the Self Managed Care Pilot Project. Drafts of these materials are provided in Appendices 7 and 8. A two day workshop was provided for health unit staff involved with Self Managed Care. In addition, a one day workshop was offered to health units for orientation of all Home Care supervisors.

The Self Managed Care Pilot Project is not intended to duplicate services which are provided in the community. For training requirements related to performing the services of an employer, the client will be referred to those agencies in the community who already provide this service.

6. Legal Liability

Under the direct service option, liability for support services is borne by the Health Unit. It is assumed that under the Self Managed Care Pilot Project, liability related to support services would shift to the client.

7. Emergency Services

The client will be expected to develop contingency plans for backup services in case of an emergency, such as the care provider failing to report for work.

APPENDIX 1

MEMBERS OF THE SELF MANAGED CARE PROJECT ADVISORY COMMITTEE

Mr. James H. Killick	Easter Seal Ability Council
Mr. Gary McPherson	Premier's Council on the Status of Persons with Disabilities
Ms. Paula Dorval/Ms. Yona Frishman	Alberta Family and Social Services
Dr. Hilary Wynters	South Peace Health Unit
Ms. Sharon Tell	Leduc-Strathcona Health Unit
Ms. Dawn Wigmore	Calgary Health Services
Ms. Chris Lawrence	Alberta Council on Aging
Mr. Keith McLaughlin	Alberta Health
Mr. Paul Deutsch	Alberta Health
Ms. Barbara Houston	Consumer
Ms. Joan McGregor	Alberta Health
Ms. Bev Curtis	Alberta Health

Additional support was provided by Ms. Heather Neumann and Ms. Jenny DeRosario of the Home Care/Community Long Term Care Branch, Public Health Division, Alberta Health, in developing the self assessment form, and information packages for the client and Health Unit. The meetings of the Advisory Committee were facilitated by Sharon J. Matthias Consulting.

APPENDIX 2

PRINCIPLES AND OPERATIONAL GUIDELINES SELF MANAGED CARE PILOT PROJECT

The principles under which the Self Managed Care Pilot Project is designed are:

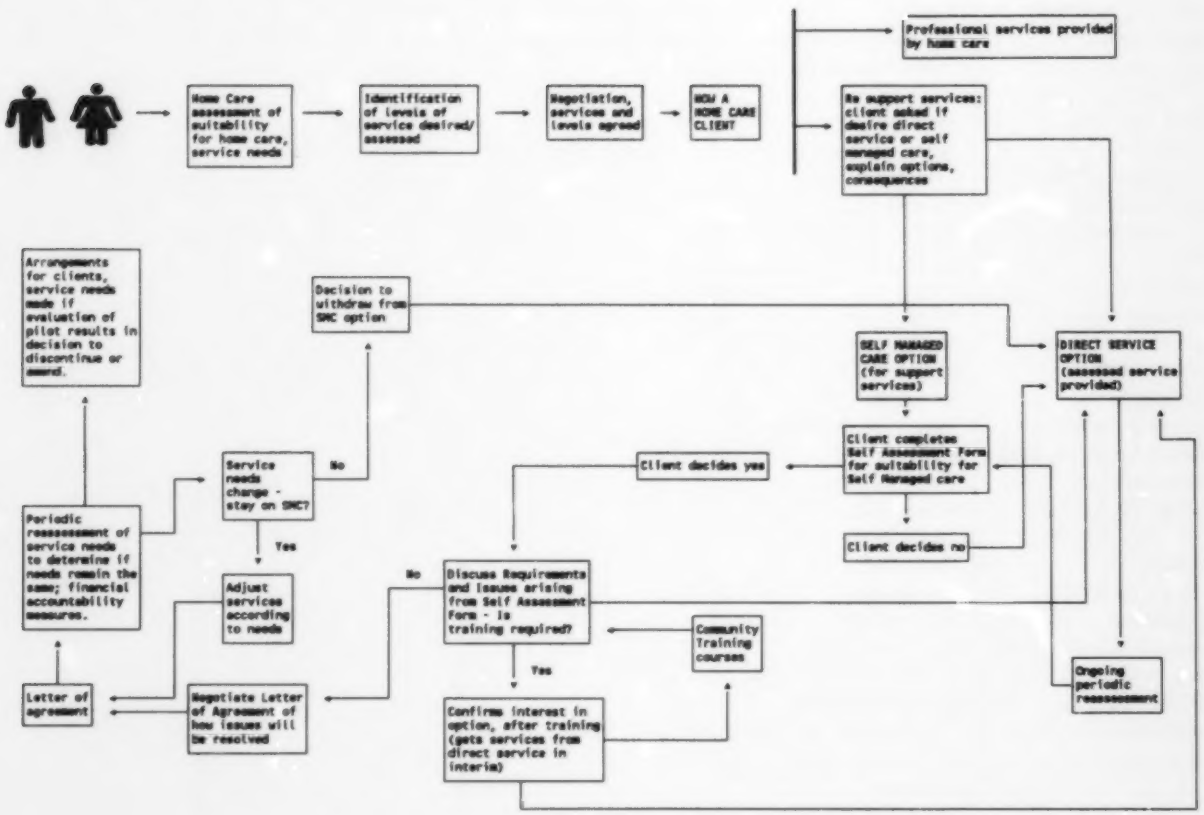
- The client is part of a social network, made up of family and/or personal support and community. The project should seek to maintain and improve the wellbeing of those systems.
- The project should not erode the concepts of individual, family and community responsibility, and should support and enhance the client's informal support system.
- The project respects clients' capability and right to make decisions about their lives, including the right to make decisions about risks.
- The project should enhance clients' independence and control of their lives. The pilot must allow clients the dignity to accept the risks involved in managing their own care.
- The project should use a client focus in designing and evaluating the program.
- Quality of services provided are judged by both the client and the Case Coordinator, with a bias toward clients' evaluation, since their relationship with the caregiver is an important element of the evaluation.
- The training and support provided through this project should not duplicate services available in the community for the general public.

Given these principles, the operational guidelines of the pilot project are:

- Self Managed Care is a part of the existing Home Care program, and the existing Home Care regulations will also apply to this option.
- Interact with clients in a manner which respects their capability and right to make decisions about their lives, including the right to make decisions about risks.
- Avoid paternalism in an attempt to ensure success or minimize risks.
- Clients' opinions will be sought in the design and evaluation of the project. e.g. a measure of success must be how well the client perceives his or her needs have been met.
- Ensure the program is flexible to adapt smoothly to a client's changing condition(s).
- The operational procedures for the program must reflect simplicity and encourage wise money management.
- Ensure the operation of the program is straightforward so the program can be accessed by clients who may not be completely familiar with the way the system operates.
- Use existing programs and educational resources available for the general population rather than duplicating them.
- Incorporate ongoing review and continuous improvement into the program.

APPENDIX 3

SCHEMATIC DIAGRAM - SELF MANAGED CARE OPTION


Professional services provided by home care
Home Care assessment of suitability for home care, service needs
Identification of levels of service desired/ assessed
Negotiation, services and levels agreed
NOW A HOME CARE CLIENT
Re support services: client asked if desire direct service or self managed care, explain options, consequences
Arrangements for clients, service needs made if evaluation of pilot results in decision to discontinue or award.
Decision to withdraw from SMC option
SELF MANAGED CARE OPTION (for support services)
DIRECT SERVICE OPTION (assessed service provided)
Client completes Self Assessment Form for suitability for Self Managed care
Client decides yes
Client decides no
Service needs change - stay on SMC?
No
Yes
Periodic reassessment of service needs to determine if needs remain the same; financial accountability measures.
Adjust services according to needs
No
Discuss Requirements and Issues arising from Self Assessment Form - is training required?
Community Training courses
Yes
Ongoing periodic reassessment
Letter of agreement
Negotiate Letter of Agreement of how issues will be resolved
Confirm interest in option, after training (gets services from direct service in interim)

APPENDIX 4

TYPES OF SUPPORT SERVICES INCLUDED ON SELF MANAGED CARE

ASSISTANCE WITH:	HOUSEKEEPING (LIGHT/HEAVY)	MEAL PREPARATION	LAUNDRY AND CLOTHING CARE	HOME HANDYMAN
-washing/bathing/ showering/bed bath -mouth care -hair care -skin care (preventive) -hand/foot care (routine) -transferring/lifting/ positioning/night turns -transfers to/from vehicle -exercises (ambulant/rehab) -dressing/ undressing -coats on/off -feeding -toileting (including empty/change leg bag) -bowel routines -taking medications -changing non-sterile dressings -child care (not babysitting) -transportation for hair care, grooming -grocery shopping -catheterization -chest care	-vacuum (not move furniture) -thorough vacuuming (move furniture) -damp mop floors -wash floors -wash windows (inside) -wash walls (spot clean) -clean light fixtures -sweep/dust -tidy -clean dishes -surface clean sink/ fixtures/kitchen appliances -check for spoiled foods -defrost/clean refrigerator -clean stove/oven -make bed -change bed -water plants -clean bathroom counters, mirrors, sink, tub/shower, toilet -hang up clothes -take out garbage -feed pets -care of equipment (e.g. empty vacuum) -clean/maintain respiratory equipment	-determine client's food/meal preferences -follow special diet orders -prepare food in bulk and freeze -clean and tidy kitchen	-wash/dry clothes -iron -fold -mend -put away -tidy laundry -care of infectious laundry	-maintenance

APPENDIX 5

IS SELF MANAGED CARE FOR ME

IS SELF MANAGED CARE FOR ME?

Name: _____

Date: _____

Home Care has introduced a new project called "Self Managed Care". People involved in this project will receive money from Home Care so that they can directly pay for their personal care services. Self Managed Care will probably give you more freedom but, along with that, you will have more responsibilities. It may mean that you will become an employer who hires, trains, and supervises your care provider. Or, you may decide to contract your services through an agency. Either way, you may need to learn some new skills.

The purpose of this questionnaire is to help you decide whether you might be interested in taking part in this new project or learning more about it. It is not the purpose of this questionnaire to assess your service needs.

As this is a pilot project, you may be asked for an interview by an evaluator, whether or not you choose to be a Self Manager.

1. Why would you like to organize your own care?

2. Have you had any previous experience in being an employer or supervising staff? If yes, briefly list where, and in what way?

	Yes with Present Skills and/or Assistance	Yes with Training	No
3. Could you manage the following tasks of self managed care?			
a) making decisions about how and when my care will be done	☐	☐	☐
b) recruiting, interviewing and hiring employee(s)	☐	☐	☐

	Yes with Present Skills and/or Assistance	Yes with Training	No
c) training employee(s)	☐	☐	☐
d) giving directions to others about my own care	☐	☐	☐
e) supervising employee(s)	☐	☐	☐
f) evaluating performance of employee(s)	☐	☐	☐
g) firing or laying off employee(s)	☐	☐	☐
h) solving problems and negotiating with employee(s)	☐	☐	☐
i) managing salary and benefits (writing cheques, making deductions, submitting to Revenue Canada)	☐	☐	☐
j) maintaining financial records	☐	☐	☐
k) purchasing/contracting services from an agency	☐	☐	☐

Is there anything else you will need to learn? If yes, list below.

4. If you need assistance to carry out the above mentioned tasks, do you know anyone (friend or relative) who could help you?

Yes ☐ No ☐

5. Do you know of any organizations which could help you get these additional skills and knowledge? If yes, list agencies.

Yes ☐ No ☐

6. As a self manager you will need to tell us if the services you are receiving are the things that need to be done and if they are being done right. It will also be necessary to give feedback to your care provider. How might you do this?

   To Home Care:

   To Care Provider:

7. Do you think there are any risks for you in becoming a self manager? If so, what are they?

8. I am willing to spend the time and effort needed to be a self manager.

   Yes ☐ No ☐ Need more information ☐

9. I am willing to sign a written agreement between the Health Unit and myself to become a self manager as part of a pilot project.

   Yes ☐ No ☐ Need more information ☐

If you wish to learn more about self managed care, please contact your local Home Care Program for further details.

Coordinator: _____

Telephone: _____

APPENDIX 6

LETTER OF AGREEMENT

SELF MANAGED CARE AGREEMENT

This is an Agreement ("the Agreement") between _____
Self Care Manager

and the _____ Health Unit with regard to support
Health Unit

services to be provided to _____
Client

This Agreement contains the terms for the mutual participation of the Self Care Manager and the Health Unit in the Self Managed Care Pilot Project.

1. This Agreement begins on _____ and ends on _____.

2. During the term of this Agreement, the Self Care Manager shall:

   a) organize the provision of support services including a backup plan in anticipation of an emergency.

   b) deposit all money received from the program into a separate bank account opened and used solely for the purpose of utilizing the money obtained from the Health Unit pursuant to this Agreement. Service charges may be deducted from the account and interest, if any, shall be credited to the account.

   c) comply with all legislation including any requirements of Revenue Canada.

   d) maintain and keep all records including original receipts, employment records, original contracts, cancelled cheques, bank statements establishing all deposits and payments, statements of the dates and hours in which the support services were provided and descriptions of the support services.

   e) make available to the Health Unit and all designated persons all records required to be kept by this Agreement. The Health Unit may photocopy these records.

   f) account for all money received from the Health Unit to acquire support services for the Client. The Self Care Manager shall submit a completed copy of Appendix B and remit it with any unexpended money that is required to be returned to the Health Unit within 45 days of the end of this Agreement.

   g) participate in the evaluation of the Self Managed Care Pilot Project and submit requested reports.

h) The Self Care Manager shall notify the Health Unit as soon as possible following the client's admission to a facility.

3. The Health Unit shall provide the money as set out in Appendix A.

4. The Health Unit may:

a) suspend or terminate this Agreement without notice if the money provided by the Health Unit has not been used to purchase the support services as set out in Appendix A or if access to any of the documents required is not immediately provided or if the Self Care Manager is otherwise in violation of this Agreement.

b) terminate this Agreement if the Client is admitted to a facility.

5. The Self Care Manager is not an employee or agent of the Health Unit or Her Majesty the Queen in Right of Alberta by virtue of anything either expressed or implied in this Agreement.

6. The Health Unit, and its employees and agents are not liable for any failure of the Self Care Manager or anyone else to ensure that appropriate services are provided to the Client and in particular are not liable for:

a) any injury or death to the Self Care Manager, the Client or any person retained by the Self Care Manager to provide the support services.

b) any economic loss suffered by, or damage to, or loss of property of the Self Care Manager, the Client, or of anyone retained to provide support services.

c) any failure on the part of the Self Care Manager to comply with all applicable legislation.

d) any failure on the part of the Self Care Manager to make required deductions or remittances.

e) termination or non-renewal of this program.

7. The Self Care Manager or the Health Unit may terminate this Agreement at any time by delivering 14 days notice in writing to the other party.

8. After receiving funds for 12 months, the Self Care Manager will calculate the money that was not spent during the year. The Self Care Manager may keep a maximum of one average month's payment. Unexpended funds in excess of this one month's payment must be returned to the Health Unit within 45 days of year end, with Appendix B attached. All of the unexpended funds must be used to buy support services for the client.

9. Appendix A, and Appendix B attached to this Agreement, form part of this Agreement.

10. The Manager and the Health Unit agree that no representation, statement or agreement, shall be binding upon the parties unless expressed in writing, signed by each and stated to be a modification of this Agreement.

SIGNED AND WITNESSED this
day of , 19 .

Health Unit Representative (Print name in full)	Witness (Print name in full)
Health Unit Representative (Signature)	Witness (Signature)
Position of Health Unit Representative	

SIGNED AND WITNESSED this
day of , 19 .

Self Care Manager (Print name in full)	Witness (Print name in full)
Self Care Manager (Signature)	Witness (Signature)

APPENDIX A

SUPPORT SERVICES

This Appendix sets out the services for which payment will be made by the Health Unit and the maximum rate that is payable by the Health Unit.

Type of Service

Personal Care Services

For a maximum of _____ hours per week.

At a maximum rate of _____ per hour.

Home Support Services

For a maximum of _____ hours per week.

At a maximum rate of _____ per hour.

The first week for which payment will be made is _____.

The maximum total weekly subsidy will be _____.

Billable Status

According to the information you have provided you are:

_____ exempted

_____ not exempted

for payments of client fees related to Home Support Services.

You will be charged $ _____ for each hour of funding of home support services that you receive.

Your charge will not be more than $ _____ in any month.

APPENDIX B

SELF CARE MANAGER'S FINAL FINANCIAL REPORT

This form is to be completed and returned within 45 days of the end of the term of this Self Managed Care Pilot Project Agreement. This form is to be submitted whether or not the Manager has any unexpended money to remit to the Health Unit. A certified cheque or a money order for unexpended funds exceeding one month's average payment shall be enclosed with this Report.

_____	_____
Self Care Manager (Print name in full)	Address Phone (home): Phone (bus.):
_____	_____
Client (Print name in full)	Address Phone (home): Phone (bus.):

Total Money Received from Health Unit (including interest)	$ _____	(A)
Total Money Spent for Personal Care and Home Support Services	$ _____	(B)
Equals: Unexpended Funds (A - B)	$ _____	(C)
Less: Maximum Unexpended Money to be kept	$ _____	(D)
Equals: Amount to be Returned to Health Unit (C - D)	$ _____	(E)

I, _____, Self Care Manager under this Self Managed Care Agreement, CERTIFY that I have:

a) retained all money received pursuant to this Agreement in a separate account,

b) in my possession all records, cancelled cheques, bank statements, receipts and other original documents establishing all expenses, wages, and any other information regarding the support services provided under this Self Managed Care Pilot Project Agreement,

c) kept all payments up to date with respect to the money received from the Health Unit and payments made for the "support services",

d) accounted for any commissions, surcharges or rebates and that all money provided by the Health Unit, has been truly spent in accordance with this Agreement and that, there has been a full disclosure of the use made of all money received.

_____ _____

Self Care Manager (Signature) Date

_____

Witness (Signature)

APPENDIX 7

INFORMATION BOOKLET FOR PARTICIPANTS

INFORMATION BOOKLET

FOR

PARTICIPANTS

IN

SELF MANAGED CARE

a pilot project offered by the
Home Care Program of your local
Health Unit

FOR INFORMATION CALL:

HEALTH UNIT NAME

ADDRESS

PHONE # OF HOME CARE PROGRAM

INFORMATION BOOKLET

1.0 Introduction

Information about the self managed care project is contained in this booklet.

The Self Managed Care pilot project is part of the Home Care program of your health unit. All of the policies of the Home Care Program apply to Self Managed Care. Your professional (medical) services will continue to be provided by direct service. Self Managed Care applies only to support services (i.e. personal care and homemaking).

2.0 What is Self Managed Care?

If you are on Self Managed Care, you will be able to receive funds to purchase your assessed support services (including personal care and homemaking). That means that a client (or his/her legal guardian) will be given money to purchase their services rather than receiving the service directly from Home Care.

3.0 Where is Self Managed Care Available?

Currently, it is available in four health units, Edmonton Board of Health, Calgary Health Services, South Peace, and Red Deer Regional.

4.0 Can I be on Self Management?

Yes, if you:

- are eligible for home care;
- wish to be on Self Managed Care;
- your immediate professional care (medical) needs are being met;
- will likely need support services for a reasonable length of time (usually at least one year).

5.0 What is the Assessment Process?

All potential home care clients participate in an assessment process to determine the services which are required to meet their needs. Your Home Care case coordinator will visit and discuss what services are needed to assist you in living as independently as possible. A service plan will then be developed. There are two options for receiving support services:

(1) you may receive services directly from the Home Care Program.

(2) you may participate in the Self Managed Care pilot project and receive money to purchase your support services.

6.0 How will I know if Self Managed Care is for me?

If you choose self managed care, your Home Care case coordinator will give you a "Is Self Managed Care for Me?" form. The purpose of this self assessment is to give you a chance to think about what is involved in the business part of self management. Then, if you are interested in being a part of the Self Managed Care pilot, you can contact your Home Care case coordinator and let her/him know of your interest. She/he will discuss with you any questions that you have. If you need training in self management, your Home Care case coordinator will refer you to resources in your community who can help you.

7.0 Will I have another assessment for services?

Once you are on the Self Managed Care pilot project, reassessment will happen at least every year or more frequently if required. At that time your service needs will be reviewed and your care plan will be adjusted accordingly. Periodic reassessment can occur at any time at your request or at the request of the Home Care case coordinator.

8.0 What do I need to know and do to be on Self Managed Care?

Being in a Self Managed Care program is like setting up your own small business with yourself as the employer and your care provider(s) as your employee(s). As shown in the self assessment form you have completed, there are skills and knowledge which will make running your "business" of self management easier.

There are agencies which can assist you to become a self manager. This information will be available from your Home Care case coordinator.

The types of skills you will need for being a self manager are:

(1) Recruiting, Interviewing, Hiring, and Firing

You will need to know how and where to recruit potential care providers. You will want to make an interview plan and have interviews to select the right care provider for you. As a self manager, you will be responsible to ensure that your staff are suitably trained and qualified. You will be responsible for setting terms of employment and payroll procedures. It is a good idea to have a job description for your care provider.

You will need to know about provincial and federal labour regulations. There are agencies either in your community or by correspondence who can give you this information.

(2) Conflict Management

As in any relationship, conflict may arise between you and your staff. It is important to think of ways you will handle these situations and seek help to prepare yourself.

(3) Financial Management

You will be required to keep payroll, banking, and employee records as well as to issue the appropriate taxation forms. Sections 7.0 and 10.0 of this booklet give more details regarding financial issues.

(4) Negotiation Skills

You will be negotiating how your services will be delivered with your care provider. It is important to consider how you will ensure that your care provider delivers the right services in the right way to meet your needs.

(5) Supervision Skills

You will be responsible for providing performance feedback to your care provider. You will want to set time periodically to let your staff know how they are performing their duties and where improvement (if any) is needed.

9.0 What do I need to know about being an Employer?

You will need to become familiar with the facts involved in:

- applying for an employer number from Revenue Canada;
- payroll deductions (CPP, UIC, Income Tax);
- record keeping (tax purposes, etc.);
- applying for a worker's compensation account number;
- employee benefits (pension, statutory holidays, general vacation, Blue Cross, Health Insurance);
- insurance requirement; and
- labour standards.

10.0 How do I get Started?

- Letter of Agreement

Following your service planning, and your training (if any), you will be asked to sign a letter of agreement with your health unit. This letter of agreement outlines the terms of your relationship with your funder, the health unit.

After the agreement is signed by the health unit and yourself, your cheques will be issued at the time agreed upon by yourself and the health unit. Cheques will likely be issued on a monthly basis.

11.0 What Costs are Covered?

The local rate paid to you is determined by the averaging of the rate paid by the health unit to local contracted agencies. You will be provided with enough funds to purchase your assessed level of service. For example, if it has been determined that you will receive 40 hours of service per month at the local rate of $9.00 per hour, you will receive $360 per month for your services. This rate includes the benefits that you will provide your care provider (e.g. UIC, vacation).

As part of Home Care policy you <u>may</u> be billed for receiving your support services. You will complete a fee determination form and your case coordinator will let you know if you will be billed.

You will not be paid for the time and effort you expend in administering your self managed service plan.

12.0 What Financial Records are necessary?

Accountability for the money that you receive and spend is very important.

You will be required to establish a separate bank account for your self managed care money that you receive from the health unit. This bank account must be the type that sends you statements. This will make it easier for you to see how much money you have to spend and to keep records of payment.

You will be required to keep financial records including: records required by Revenue Canada, a copy of the letter of agreement, employee payments, copy of any contracts for provision of services, invoices and receipts for expenses covered under the letter of agreement, books of account, cancelled cheques and any other records pertaining to your Self Managed Care. Your letter of agreement will state clearly what records you must keep.

You will be allowed to retain an amount of unused money to the maximum of one month's payment. This money must be used to pay for support services for your care. The one month's payment will be the average of all payments that you have received throughout the year.

Your records may be inspected by health unit staff.

For example:

January - $360	July - $360
February - $360	August - $360
March - $360	September - $500
April - $500	October - $360
May - $500	November - $360
June - $500	December - $360

Total payments: $4,880
Calculation of the month's payment allowed for surplus retention = $4,880/12 = $406.67

13.0 Emergency Backup

You will be required to develop your own backup services in case of unexpected situations such as your care provider becomes ill, has an accident, or quits your employ. There are likely agencies in your community which can help. In addition, you will want to let your personal support network know of your self managed status so they can assist you in emergencies when necessary. It is expected that the Home Care Program will be the choice of last resort to contact for emergency service.

14.0 What about Professional Services?

If you need nursing or other professional services, these services will be provided on a direct service basis by the health unit. Your Home Care case coordinator will let you know what to expect of the professional services you require.

15.0 How do I Withdraw from the Pilot?

If you wish to withdraw from the Self Managed Care pilot, you will be required to provide written notice, 14 days in advance.

If misuse of funds is occurring, the health unit has the right to withdraw you from the Self Managed Care program immediately.

16.0 Attachments

A responsibility chart is included as part of this information package. This chart will provide you with a clear picture of what is the Home Care case coordinator's responsibility and what is your responsibility in the Self Managed Care Pilot Project.

17.0 Questions Often Asked

What do I do if my care provider fails to show up for work and my emergency backup system fails too?

The Health Unit Home Care program is providing Self Managed Care as an option to enhance your independence. It is expected that you have an emergency backup system in place consisting of many alternatives. The Health Unit Home Care program would be the choice of last resort for emergency backup. If you have no other alternative, you can call your Home Care case coordinator. You should be aware, however, that Home Care is not an emergency service and case coordinators may not be available in the evenings or on weekends.

What happens if my care provider is injured on the job, in my home?

It is important for you to contact your home insurance agent and make sure that you have the necessary liability insurance to cover these events. In addition, you may wish to have a Workers' Compensation account number so that your staff will be covered in the event of a mishap. Prevention of injury in care providers is important to consider when you are training your staff in proper procedures for transfers and other personal care activities.

What if I am hospitalized for a period of time?

This type of situation should be discussed with your care provider and the health unit case coordinator.

How can I Spend my Unused Money?

Your unused money must be used for your personal care or home support services. By way of explanation, if you have unused money you may use the funds to pay for your care on a holiday trip, but you may not use the funds to purchase the tickets for the trip.

How do I pay my care provider for holidays and coveroff of the holiday time so that my services are still available?

The rate that you will be given by the health unit will include the 4% holiday pay benefit for your employee. For example, if you are given $9.00 per hour for your services, you would likely pay your care provider $6.50 per hour and

withhold $2.50 per hour for benefits, including holiday pay. You would then arrange with your care provider for them to take their allocated vacation time with pay. You would be able to pay your regular care provider from the funds you have saved over the year. The person that is working while your regular care provider is away would be paid from the regular funds you receive (your relief worker would have the 4% added to their wage - $6.50 + $.26 = $6.76).

eg) your employee works 10 hours per week @ $6.50 per hour

$6.50 x 10 - $65 per week

4% of $65 = $2.60 - so you put aside $2.60 per week to pay for your employee's holiday.

After 50 weeks you have saved $2.60 x 50 = $130.00. You can then pay your employee for 2 weeks holiday.

Is there another option for me on Self Managed Care other than creating a small business for myself?

Yes, you could choose to hire an existing care provider service or your care provider may wish to create their own small business. In the latter case, you would purchase the services from your care provider and he/she would be responsible for the business aspects of providing for their own benefits. You would still be required to provide records to the health unit indicating that you purchased the services.

What is involved in the evaluation?

You will likely be contacted to participate in interviews and/or fill out questionnaires related to your satisfaction on Self Managed Care. In addition, your records will be inspected for verification. Because the "kinks" in the system will be worked out during the pilot project you may be required to alter operating procedures as we discover what works and what does not.

Your care provider may also be contacted to provide information on the evaluation.

IMPORTANT THINGS FOR SELF MANAGERS TO KNOW

1. Employer Number

When you become a Self Manager you **must** phone the Taxation Office in your district to tell them that you are now an employer (this is required by law). They will ask for your name, address, social insurance number and the date that you will begin to be an employer. You will then be given an "employer number" and be sent an Employer Kit, which contains the forms you will need to make the necessary deductions when you pay your care provider. The phone number to call to receive your employer number is:

Edmonton:	(403) 423-3200
Calgary:	1-800-332-1003
Red Deer:	1-800-332-1003
Grande Prairie:	1-800-667-6217

2. Deductions

Remember that it is **Your** responsibility to deduct the necessary amounts for Canada Pension Plan (CPP), Unemployment Insurance (UI) and Income Tax before paying your Employee. You must also pay an equal amount of CPP and 1.4 times the amount of UI that your Employee is required to pay. You are required to send in these deductions to Revenue Canada by the 15th of every month. You will be send a PD7AR Remittance form every month from Revenue Canada to calculate the amount that needs to be sent to them. It is also your responsibility to complete the T4 slips. For further information, read the **"Employers Guide to Source Deductions"** which is included in the Employers Kit or can be obtained from the Revenue Canada Taxation Office.

3. Workers Compensation Board

You are <u>not</u> required to register with Worker's Compensation Board. However, if you want your employee to have this coverage, you can register as a "Voluntary Account" and pay the necessary premium. For further information, contact the WCB in your area.

Edmonton:	(403) 427-1246
Calgary:	(403) 297-6175
Red Deer:	(403) 340-5357
Grande Prairie:	(403) 538-5421

4. Bank Account

You are required to have a separate bank account for the funds you receive for Self Managed Care. This will help to simplify the record keeping required. It is also important for you to keep all receipts for expenses that are related to being a Self Manager - i.e. putting ads in the paper. There are private agencies that will assist with payroll and record keeping, however, there is a fee for this service.

5. Taxes

6. GST

APPENDIX 8

INFORMATION BOOKLET FOR HOME CARE CASE COORDINATORS

INFORMATION BOOKLET

FOR

HOME CARE

CASE COORDINATORS

FOR

SELF MANAGED CARE

PILOT PROJECT

CASE COORDINATOR

INFORMATION FOR IMPLEMENTATION OF SELF MANAGED CARE

1. Introduction

Alberta Health is exploring the feasibility of providing a Self Managed Care option within the Home Care Program by undertaking a Self Managed Care Pilot Project from December 1991 to March 1993. During this time, four pilot sites (Edmonton Board of Health, Calgary Health Services, South Peace Health Unit, and Red Deer Regional Health Unit) will be able to offer this option to a limited number of clients. Participants involved in this pilot project should be aware that throughout the pilot project phase there will be evaluation and potential modification of the program. As a case coordinator, your feedback and suggestions regarding the Self Managed Care project will be very valuable.

The Self Managed Care project was developed in the context of Alberta Health's philosophy of promoting individual initiative, self reliance, self sufficiency and responsibility. This program will provide an option within Home Care to allow individuals to take responsibility for the organization and delivery of their support services with direct funding by their local health unit. Direct funding will be available only for support services - professional health services will continue to be provided through the regular Home Care Program. The Self Managed Care project will operate under the same regulations as the Home Care Program. A schemata is attached to clarify the Self Managed Care process.

Although direct funding is not a new concept, it represents a significant shift in focus within Home Care. There is much interest in Self Managed Care in Home Care Programs throughout Canada, and a pilot project is currently being undertaken in Manitoba.

If you have any questions regarding any component of Self Managed Care do not hesitate to discuss these concerns with your supervisor. The Program Development Unit of the Home Care/Community Long Term Care Branch is also available for consultation (427-4610).

The implementation of the Self Managed Care Pilot Project will require good mutual trust and understanding by clients and case coordinators to achieve a successful result. Flexibility and patience will be important as we all learn together in this new project.

2. Client Eligibility

A client must meet the following requirements to be eligible for the Self Managed Care project:

- be eligible for Home Care.
- professional care needs are being met.
- require support services for a reasonable length of time (approximately 1 year).
- desire to be on Self Managed Care.

In addition to a client being eligible for Home Care and indicating a desire to be on self managed care, they must be having their immediate professional care needs met. This means that if a client is in an unstable acute episode which requires some nursing or other professional intervention, it will not be a good time to offer Self Managed Care. If a client requires long term professional health intervention, they would still be eligible for Self Managed Care.

Self Managed Care will not be suitable for short term clients due to the possible training time and establishment of the infrastructure to support the direct payments. For this reason we suggest that the option will be more suitable to those clients likely to require support services for about 1 year or more. There may be clients who are suitable, but need only nine months of service. Use your judgement, in consultation with your client, to balance the amount of time required to begin Self Managed Care with the amount of time the person will need services.

3. Assessment

a) Assessment for Home Care

The initial assessment for Home Care is the same independent of whether the client chooses the Self Managed Care option or not. As always, the case coordinator will assess for client needs, documenting the assessment in the AAPI. The service plan should then be negotiated with the client.

b) Assessment for Self Managed Care Option

Once the service plan has been decided upon, the client can then be informed of the Self Managed Care project. If the client requires a brief overview of Self Managed Care, the client can be provided with the Self Managed Care Information Booklet and an assessment form for suitability for Self Managed Care Pilot Project entitled, "Is Self Managed Care for Me?". The purpose of this form is to outline to the client the business tasks associated with self management. It has no relation to the assessment for service needs. By completing the "Is Self Managed Care for Me?" self

assessment form, the client will have an opportunity to think about the tasks involved and to think about questions that they will need to ask you before proceeding with Self Managed Care.

The client will need to be informed that they should contact you if they would like to pursue Self Managed Care, or if they have any further questions.

4. Client Training for Self Managed Care

- Following the self assessment by the client, you will likely need to take time to talk with him/her about the responsibilities and skills required to be involved in Self Managed Care.

- You will likely need to outline the skills and knowledge required, and assist the client in identifying any skills which need to be learned or enhanced (this can be facilitated by reviewing the client's "Is Self Managed Care for Me?" form).

- It is <u>not</u> the case coordinator's responsibility to teach the client the necessary skills and requirements of being an employer. However, you should be available to provide support to the client and provide a referral to an agency who can provide the training (see Resources).

5. Commencement of Self Managed Care

The following steps must be completed before Self Managed Care can be initiated:

a) Care Plan is established.

b) Completion of assessment form entitled "Is Self Managed Care for Me?".

c) Discussion between case coordinator and client regarding the client's responsibilities and necessary skills. These would include, but not be limited to:

- obtaining employer number
- payroll deductions
- record keeping
- employee benefits
- labour standards
- insurance requirements

It is also the client's responsibility to establish back-up services that could be used if his/her or the client's regular employee was unable to work or in other emergencies. Whenever possible, this emergency backup should not be a resource associated with the regular Home Care Program.

d) Client Guidelines discussed with client.

e) Client learns required skills from community agencies.

f) Letter of Agreement must be completed. The letter of agreement outlines the relationship between the client and the health unit. This letter of agreement should be explained to the client, and requires signatures from the client, or his trustee or guardian and a health unit designate. It may be necessary for you to take some time to explain the Letter of Agreement to your client. The legalistic nature of the document may, at first, be somewhat overwhelming for the person.

g) Organize Funding with Health Unit - The client will be provided with funds to purchase their assessed hours of service at the average rate currently paid by your health unit to contracted care providers. This rate will include the client's administration costs i.e. payroll deductions, holiday wages, recruitment costs.

The direct funding to the client will need to be arranged through the administration department of your health unit. It will be important to coordinate the cessation of direct services with the initiation of Self Managed Care direct funding. The client will need to inform you of the commencement date of their employees so that you can terminate direct services, and instruct the administration department to issue direct payment. The administration department will need to be informed of the client's name and address, the type of service (personal care or homemaking), number of hours of service per month and when the direct funding should be initiated. The client will be receiving funding on a monthly basis and should receive funding within 2 weeks of the initiation of Self Managed Care.

h) Billable Services - As is the case for a client on direct service option, an individual choosing the Self Managed Care option may be billed for receiving home support services. A fee determination form will need to be completed. If the client will be billed for home support services, it will be important to explain this process.

6. Follow-up

As with all clients on the Home Care Program, clients choosing Self Managed Care may require ongoing monitoring of their health status. It will continue to be your responsibility to perform case management functions and alter the client's care plans should their needs change. Service accountability will be ensured using the same processes currently in place for Home Care. In addition, an annual reassessment will continue to be required. Clients may initially require support and encouragement as they assume the role of an employer. It may be necessary to

provide clients with information regarding additional community resources to maximize their success as a Self Manager. In Manitoba, the case coordinators have indicated that initially the self managed clients had numerous questions which required case management time. This contact with the client decreases rapidly once the client is on self management for a short while.

7. Withdrawal

Some clients, for a variety of reasons, may discover that they no longer wish to be on Self Managed Care. As outlined in the letter of agreement, clients would have to give you 14 days notice before they withdrew from the Self Managed Care project. Clients could then return to the direct service option of the Home Care Program. In emergency situations, the 14 day notice could be waived.

There may be situations where a client has been on Self Managed Care, withdrew from the Program and later wishes to be on Self Managed Care again. In these circumstances, the Home Care Manager will determine if it is reasonable for the client to return to the Self Managed Care project.

In rare cases, the case coordinator may require the client to move from Self Managed Care to receiving direct services through the regular Home Care Program. This action would be taken when there is a misuse of funds, or other breach of the letter of agreement. In the case of a serious breach, where funds were intentionally misused for very different purposes the suspension of direct funding would be immediate. Removal of a client from the Self Managed Care project should be discussed with your supervisor or the Home Care Manager.

8. Completion of the Pilot Project

After the evaluation of the pilot project is complete, the health units will be informed of the decision to continue, to modify or discontinue Self Managed Care. If Self Managed Care is not continued the service needs of the client will be addressed by direct services.

The following chart describes the Self Managed Care tasks which are the responsibility of the case coordinator, the responsibility of the client and those which are shared responsibilities. A case example is provided below to clarify the process of Self Managed Care.

Case Coordinator Responsibility vs. Client Responsibility

	Case Coordinator	SHARED	Client
1.	Assessment of need		Identification of need
2.		**Establishment of care plan**	
3.	Inform client of responsibilities associated with Self Managed Care		Complete Self Assessment
4.		**Review self assessment to identify learning needs**	
5.	Provide Client with Information about Resources		Contact resources needed to obtain/enhance necessary skills
			Establish emergency back-up system
6.		**Complete letter of agreement**	
7.	Organize Funding with Health Unit		
8.			Perform necessary duties of employer - recruit, train, pay employees, etc.
9.			Maintain financial records
10.	Monitor Health Status/Perform periodic reassessment		
11.	Provide information of resources as necessary		Inform case coordinator of changes of needs
12.	Perform periodic/annual reassessment		
13.			Provide financial records as requested
14.		**Participate in Evaluation**	

1.& 2. A client, "Bob M." is referred to Home Care. An assessment of Bob's needs is undertaken by the case coordinator. The assessment follows the same process as with the regular Home Care Program. Bob is a 30 year old quadriplegic who requires assistance with some personal care activities. His wife is able to assist him at times, but he needs some morning assistance. Through negotiation it is mutually decided that Bob requires 10 hours of personal care a week.

3. The case coordinator informs Bob of the two options within Home Care. He can receive direct services through the regular Home Care Program, or he can become a Self Manager, and receive direct funding to employ his own care provider.

   At this time, or at any future time, he is also given a Self Managed Care Participants Guidelines and an "Is Self Managed Care for Me?" form. While Bob is considering Self Managed Care, he is started on the regular Home Care Program and receives direct services. Bob completes the Self Assessment Form, and decides he would like to be a Self Manager. He then contacts his case coordinator and informs her/him of this decision.

4. Bob and the case coordinator review the "Is Self Managed Care for Me?" form. It is determined that Bob would require some education and training regarding record keeping and payroll.

5. The case coordinator provides Bob with information of community agencies that train people about record keeping. Bob contacts an agency and learns the necessary skills. During this time, Bob is also deciding on who could provide him with service in an emergency (back-up).

6. Bob and his case coordinator complete the letter of agreement. It is important that the case coordinator reviews the content of this letter with Bob. The letter of agreement will state the amount and the rate that will be funded.

7. Bob begins recruiting an employee to provide him with 10 hours of personal care a week. He puts an advertisement in the paper, interviews 3 people and selects his employee. Bob then informs the case coordinator of when his care provider will start, and establishes a separate bank account for Self Managed Care. The case coordinator notifies the health unit administrative department of Bob's transfer to Self Managed Care. The administrative department is given information of the amount of service funded, and when the cheques should begin to be issued. The agency that is currently providing direct service, is informed of the termination date of direct services.

8.& 9. Bob assumes all of the responsibilities of an employer - training his care providers, making appropriate deductions, maintaining financial records, etc.

10. The case coordinator continues to monitor Bob's health status. As with clients on the regular Home Care Program, the amount of contact will vary depending on need. Bob's situation is generally stable, and he requires minimal contact.

11. Bob's needs change and his wife is unable to be involved in his care. It is his responsibility to notify the case coordinator. Care plans are then modified to meet Bob's changing needs. The case coordinator then informs the administrative department of the increased funding.

12. The case coordinator performs an annual reassessment with Bob.

13. The health unit may request an opportunity to inspect Bob's financial and employment record related to his self managed care.

14. Both Bob and the care provider are asked to participate in an evaluation of the Self Managed Care Pilot Project. This may occur at any time throughout the Pilot Project.

QUESTIONS RELATED TO SELF MANAGED CARE MAY BE DIRECTED TO:

ALBERTA HEALTH
HOME CARE/COMMUNITY LONG TERM CARE BRANCH
8TH FLOOR, SEVENTH STREET PLAZA
10030 - 107 STREET
EDMONTON, ALBERTA
T5J 3E4

FAX: (403) 427-0425 PHONE: (403) 427-4610